

**AUTHORIZATION TO RELEASE INFORMATION
PRIVATE PERSON OR ORGANIZATION
TO PROBATION OFFICER**

TO WHOM IT MAY CONCERN:

I, _____
(NAME) (SSN) (DOB)

the undersigned, hereby authorize the United States Probation Office for the Western District of North Carolina or its authorized representative(s) or employee(s), bearing release or copy hereof, to obtain any information in your files pertaining to any of the following:

EMPLOYMENT AND SOCIAL SECURITY ADMINISTRATION RECORDS (including but not limited to the Detailed Earnings History) under the Freedom of Information Act, **EDUCATION RECORDS** (including but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records), **MEDICAL RECORDS**, **PSYCHOLOGICAL AND PSYCHIATRIC RECORDS** (including any alcohol and substance abuse diagnosis, treatment and after-care), **CREDIT BUREAU REPORTS**, **MILITARY RECORDS**, and **JUVENILE COURT RECORDS**.

I hereby direct you to release such information. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

Regarding protected health information, I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

The information hereby obtained by the aforementioned probation office is to be used only for the purpose of presentence investigations and reports, and, if applicable, for supervision.

(Authorizing Signature)

(Name - Printed or Typed)

(Date)



(USPO/Witness Signature)

(Name - Printed or Typed)

(Date)

☐ DEFENDANT DECLINED SIGNATURE *per Federal Defender's Office* Date: _____

This release and request form is approved for official use by the United States Probation Officer by authority of the United States District Court for the Western District of North Carolina.


Frank D. Whitney
Chief United States District Judge 

**AUTORIZACIÓN PARA REVELAR INFORMACIÓN
PERSONA PRIVADA U ORGANIZACIÓN
A OFICIAL DE PROBATORIA**

A QUIEN CORRESPONDA:

Yo, _____
(nombre) (Numero de Seguro Social) (Fecha de nacimiento)

auien firma, autorizo a la Oficina de Probatoria de los Estados Unidos del Distrito Occidental de Carolina del Norte o a su representante(s) o empleado(s), que poseen esta versión o copia de la misma, a obtener toda información en sus archivos relacionados a cualquiera de los siguientes:

REGISTROS de EMPLEO de la OFICINA de SEGURO SOCIAL (incluyendo y sin limitaciones de todos los detalles de registro de pagos) en virtud de la Ley de Libertad de Información, **REGISTROS de EDUCACIÓN** (incluyendo y sin limitaciones, mis logros académicos, asistencia, deportes, historia personal, incluyendo acciones de disciplina), **REGISTROS MÉDICOS, PSICOLÓGICOS Y PSIQUIÁTRICOS** (incluyendo cualquier diagnóstico de abuso de alcohol o drogas, o cualquier otro tratamiento que haya durado mas alla de mi visita al doctor), **REGISTROS de CRÉDITO, MILITARES, Y de la CORTE JUVENIL.**

He aqui que yo, en pleno conocimiento de que esta información es para el uso oficial de la Oficina de Probatoria de los Estados Unidos, les dirijo a revelar mis archivos.

He aqui que yo te libero de responsabilidad, como persona(s) o agencia(s) encargada(s) de estos archivos, por daños de cualquier índole que en cualquier tiempo me pueda ocurrir a mi o mis herederos, familia o asociados, por mi participación en esta autorización y solicitud de información o de cualquier otro intento del cumplimiento de la misma.

Con referencia a la información de salud protegida, entiendo que esta autorización es válida solo hasta el final de mi supervisión, en cuando expira su uso. También entiendo que la información obtenida y usado en virtud de la presente autorización podrá ser revelada por el recipiente y no podrán ser protegida por la ley federal o estatal.

Con referencia a la información de salud protegida, entiendo que tengo derecho a revocar esta autorización, por escrito, en cualquier momento por el envío de dicha notificación escrita a la persona encargada de información privada en el siguiente programa:

(Nombre y direccion del programa)

Con referencia a la información de salud protegida, entiendo que si niego dar autorización para mi información confidencial, con la misma revoco mi autorización para la divulgación de dicha información. También entiendo que mi revocación de esta autorización ,antes de que satisfaga la condición de supervisión que me obliga a participar en el programa, se le informara a la corte. Mi revocación de esta autorización en virtud de tales circunstancias podría ser considerada una violación de una condición de mi supervisión después de la condena.

La información obtenida aqui, por la antes mencionada oficina de probatoria, es para ser usada unicamente con el propósito de investigaciones y reportes de presentencia, y, si procede, para la supervisión.

(Firma de Autorizacion - Nombre y Apellido)

(Nombre completo - Impreso o mecanografiados)



(Fecha)

(Firma de Autorization - Oficial de Libertad Condicional/ Testigo)

(Nombre completo - Impreso o mecanografiados)

(Fecha)

Este es una forma aprobada para el uso oficial del Oficial de Probatoria de los Estados Unidos, y autorizada por el Distrito Tribunal del Distrito Occidental de Carolina del Norte.


Frank D. Whitney
Chief United States District Judge 

**DECLARATION OF DEFENDANT OR OFFENDER
NET WORTH & CASH FLOW STATEMENTS**

Docket No.: _____

I, ____, residing at _____,
in the city (or county) of _____, in the state of _____,
have completed the attached:

- ☐ Net Worth Statement (Prob. Form 48) or
- ☐ Net Worth Short Form Statement (Prob. Form 48EZ) and/or
- ☐ Cash Flow Statement (Prob. Form 48B)

that fully describe my financial resources, including a complete listing of all assets owned or controlled by me as of this date and any transfers or sales of assets since my arrest. The Cash Flow Statement (Prob. Form 48B) also includes my financial needs and earning ability and the financial needs and earning ability of my spouse (or significant other) and my dependent(s) living at home.

I declare under penalty of perjury that the foregoing is true and correct.

False statements may result in revocation of supervision, in addition to possible prosecution under the provisions of 18 U.S.C. § 1001 which carries a term of imprisonment of up to 5 years and a fine of up to \$250,000, or both.

(Defendant Signature)

(Social Security Number)

Executed on:

(Date)

Net Worth Statement (Short Form)

Instructions

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(d)(2)(D) to clarify that the assets owned, jointly owned, or controlled by a defendant, and liabilities, are all relevant to the court's decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward. The court may require relating to such other factors as the court deems appropriate (see 18 U.S.C. § 3664(d)(3)).

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Short Form Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. The Probation Officer may request supporting documentation for all entries at a later time.

NET WORTH STATEMENT (SHORT FORM)

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent

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ASSETS	
Include below all cash on hand, bank accounts, securities, money owed to you by others, life insurance, safe deposit boxes or storage facilities, motor vehicles, real estate, mortgage loans owed to you, other assets, anticipated assets, and business holdings.	

Include below all cash on hand, bank accounts, securities, money owed to you by others, life insurance, safe deposit boxes or storage facilities, motor vehicles, real estate, mortgage loans owed to you, other assets, anticipated assets, and business holdings.

[illegible]

Include below all assets transferred or sold since your arrest with a cost or fair market value of more than \$500.00, or assets that someone else is holding on your behalf.

I/J S/D	Type of Asset	Date Sold or Transferred	Fair Market or Actual Value

<p>Identify below any assets you will liquidate to satisfy any criminal monetary penalty that may be imposed, and/or describe the prospect of increase in assets.</p>

I/J S/D	Type of Asset	Fair Market or Actual Value

LIABILITIES	
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Include below all charge accounts and lines of credit, mortgage balances, other debts, civil suits, and bankruptcy filings.

[illegible]

Monthly Cash Flow Statement

Instructions

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(d)(2)(D) to clarify that the assets owned, jointly owned, or controlled by a defendant, liabilities, and the financial needs and earning ability of a defendant and a defendant's dependents are all relevant to the court's decision regarding a defendant's ability to pay. Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. The Probation Officer may request supporting documentation for all entries at a later time.

MONTHLY CASH FLOW STATEMENT

Monthly Cash Inflows

Defendant	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Aid to Families with Dependent Children.)		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
Income of Others In-House (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Necessary Monthly Cash Outflows	
	Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)	
Groceries (List the total monthly amount paid for groceries and number of people in your household.) # _____	
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
Electric	
Heating Oil/Gas	
Water/Sewer	
Telephone	
Basic Cable (no premium channels)	
Transportation (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.)	
Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
Auto	
Health	
Homeowner/Rental	
Life	
Clothing (List the monthly amount actually paid for clothing.)	
Loan Payments (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
Credit Card Payments (List all monthly credit card or charge card payments.)	
Medical (List all monthly payments for necessary medical care or treatment.)	
Alimony/Child Support (List all alimony or child support payments made each month.)	
Co-payments (List the total monthly payments made for electronic monitoring and drug and mental health treatment.)	
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
Other Factors That May Affect Monthly Cash Flow (Describe)	
TOTAL	
NET MONTHLY CASH FLOW: _____ (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)	
MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$ _____	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows reported.)	